



WASHINGTON STATE GAMBLING COMMISSION

LOCATION: 4565 7th Avenue SE, Lacey WA 98503
MAILING ADDRESS: P.O. Box 42400, Olympia WA 98504-2400
TELEPHONE: 360-486-3440 / FAX NUMBER: 360-486-3631
TOLL-FREE: 1-800-345-2529 / TDD: 360-486-3637
WEB SITE: www.wsgc.wa.gov

REQUEST FOR CONSENT TO CHANGE: Mark ☒ all that apply

☐ **MANAGEMENT** – Complete 1 & 2

☐ **MANAGER** – Complete 1 & 3

☐ **NAME** – Complete 1 & 4

☐ **LOCATION OF PREMISES** – Complete 1 & 5 or 6

In accordance with WAC 230-04-240, special investigative fees may be requested if costs exceed the basic fee provided with this application.

THIS FORM WILL BE READ BY A VERY SENSITIVE SCANNING DEVICE

Please use the following examples to fill out this form:

Print with a black ballpoint pen and press firmly, or use a typewriter.

- For best results, please print in capital letters and avoid contact with the lines. The following will serve as an example:

A B C D E F G H I J K L M
N O P Q R S T U V W X Y Z

1 2 3 4 5 6 7 8 9 0

- Please 'X' the boxes. Do NOT shade-in or use '✓'.

'X' Boxes Like This ➡ ☒
Not Like This ➡ ☐ ☒

- When asked for additional lists or comments, the information must be neatly printed or typewritten on sheets of white 8 ½ X 11 inch paper.
- When asked for legal or business documents, the copies must be clean and legible and marked so the document can be identified to the question being asked.

☐ Nonprofit ☐ Profit ☐ Individual

1. **License Name (as issued):** _____

UBI#: _____ **OR** Social Security Number: _____

Current Mailing Address: _____

City State Zip

County Telephone

2. **Change of Management** (WAC 230-04-330) involving change of director or officer.

Fee: None

Outgoing Management: _____

New Management (Proposed): _____

Social Security Number: _____

Reasons for Change of Management: _____

Effective Date: _____

Supporting documents are required. Submit copies of dissolution agreements, amending documents that cite new terms and conditions, and / or meeting minutes covering the election of new officers. Include Positive Identification and Personal / Criminal History Statement (BLS-700-301) for all new persons and spouses, unless already on file with the Gambling Commission.

3. Change of Manager (WAC 230-04-330) Employee Only ☐ Nonprofit ☐ Profit **Fee: None**

Outgoing Manager: _____
Name: First MI Last

New Manager (Proposed): _____
Name: First MI Last

Date of Birth: ____-____-____ Social Security #: ____-____-____

Home (Street) Address: _____

City: _____ State: ____ Zip: _____

County Telephone

Type(s) of Gambling Activity Managed: _____

Reasons for Change: _____

Effective Date: ____-____-____

Submit Positive Identification and Personal / Criminal History Statement (BLS-700-301), unless previously submitted, and attend mandatory training as required by WAC 230-04-020, unless previously attended.

Commercial Amusement Game Managers Only

Have you ever forfeited bail, been arrested / charged with a crime / convicted / jailed / or placed on probation of a crime? ☐ Yes ☐ No

Signature of Primary Game Manager
attesting to the criminal history: _____

4. Change of Name (WAC 230-04-310) **Fee: \$ 26.00**

New Name (Proposed): _____

Reason for Name Change: _____

Effective Date: ____-____-____

Name changes are not effective until granted by the Commission. Copy of documents required for name change:

☐ Individual: Marriage certificate / license or divorce decree, court documents recording name change, and updated driver's license.

☐ Nonprofit: Amendments to your Articles of Incorporation and Bylaws. Proof of name change registered with the IRS.

☐ Profit: ➤ For change of business name, please submit verification of approval from Master Licensing and Liquor Control Board.

➤ For change of your Limited Liability Company "LLC" or Corporation name, please submit amendments to your existing LLC agreement, LLC Formation, Articles of Incorporation, and corporate meeting minutes.

NOTE

Additional documents / information may be requested. A license technician will contact you if needed.

Fee: \$26.00

Proposed Premises

Reason for Premises Change:_____

If No, submit written lease agreement.

Fee: \$ 26.00

If No, submit written lease agreement.

➤ Additional documents / information may be requested.

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I declare under penalty of perjury, under the laws of the state of Washington, that all information provided in this application is true and complete to the best of my knowledge. I understand that untruthful, misleading, or incomplete answers whether through misrepresentation, concealment, inadvertence, or mistake, are cause for denial of an application or revocation of any gambling licenses currently held. I agree to notify the Washington State Gambling Commission should any information required on this application and / or on my Personal / Criminal History Statement change or become inaccurate in any way. I understand that if I fail to make such notification, it may constitute grounds for denial, suspension or revocation of my license. I further understand that if any criminal or civil actions are filed against me, I must inform the commission. (See WACs 230-04-022, 230-12-305, and 230-12-310.)

Title: _____

Application Prepared by: _____

Date: |_|_|-|_|_|-|_|_|_|_| Telephone Number: |_|_|_|-|_|_|_|-|_|_|_|_|

Title: _____